

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155

Recertification Package



This form must be completed by the Head of Household. You must use the correct legal name for each member of your household as it appears on their social security card. All adult members of the household must sign below certifying the information pertaining to them. PLEASE PRINT.

Part A- Information

Head of Household Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State/Zip Code: _____

HOUSEHOLD COMPOSITION: Please list all members living in your home.

Name	Relation to Head	DOB	SSN#	US Citizen Y/N	Disabled Y/N	Sex M/F
Head						

Check the appropriate Race: White Black/ African American American Indian/ Alaska Native Asian Native Hawaiian/ Other
pacific Islander

Check the appropriate Ethnicity: Hispanic Non-Hispanic What is your family's primary language: _____

Do you read English? Yes No Do you speak English? Yes No

Does anyone other than the adult who will live in the home share custody of any of the children listed above? Yes No If yes,
Name: _____

Describe the custody arrangements: _____

Is anyone living in the home expecting a baby? Yes No if yes, Name: _____
Expecting date: _____

Is anyone living in the home age 18 or older a fulltime student? Yes No If yes, Name: _____

Is anyone in the family subject to the lifetime sex offender registration program in any State? Yes No
If yes, Name: _____ State: _____

Have you or a member of your household ever used any other Name or Social Security Number other than the ones listed? Yes No
If yes, Name: _____

Is there anyone listed who is temporary absent from the home? Yes No
If yes, Name: _____ When did they leave: _____

When are they expected to return? _____



Part B- Income

Do you or any member of your family expect to receive any of the following within the next 12 months.

- Compensation for personal services: Yes No
- Payments from Social Security: Yes No
- Payments from death benefits: Yes No
- Unemployment compensation: Yes No
- Welfare Assistance payments: Yes No
- Child support DOR/ not court ordered: Yes No
- Money from self-employment: Yes No
- Adoption payments: Yes No
- Do you work? Yes No
- Tips from employer: Yes No
- Do you have a business: Yes No
- Lump sum payments from delayed periodic payments: Yes No
- Interest, other income from personal property: Yes No
- Payments from insurance policies: Yes No
- Payments from Annuities: Yes No
- Payments from Pension: Yes No
- Workers compensation: Yes No
- Alimony payments: Yes No
- Regular or special Military pay: Yes No
- Severance pay: Yes No
- Foster Payments: Yes No
- Commission payment: Yes No
- Does anyone help you pay your bills: Yes No
- Regular compensation or gifts? Yes No

Detail all payments (money) received for ALL members from all sources, including those you checked yes to.

Name of household member	Income Source and Address	Amount	Frequency
			Weekly/Bi-weekly/Monthly/Yearly
			Weekly/Bi-weekly/Monthly/Yearly
			Weekly/Bi-weekly/Monthly/Yearly
			Weekly/Bi-weekly/Monthly/Yearly
			Weekly/Bi-weekly/Monthly/Yearly
			Weekly/Bi-weekly/Monthly/Yearly

Part C- Assets

Do you or any of the following?

Savings Account: Yes No Checking Account: Yes No Certificate of Deposit: Yes No Money Market: Yes No

Please provide information for all account indicated above.

Name of household member	Bank Name	Account Number	Balance

Do you or a family member have the following?

Stocks: Yes No Bonds: Yes No Property (land): Yes No Trust Fund Yes No
 Inheritance: Yes No IRA: Yes No Whole Life Insurance: Yes No Universal Life Insurance: Yes No

Have you disposed of any assets for less than fair market value? Yes No If yes, when: _____

List all asset information below:

Name of household member	Type of asset	Account number	Value



Part D- Child Care Expense/ Disability Expense/ Auxiliary Expenses

Do you have unreimbursed expenses for childcare of a child age 12 or younger? Yes No
Does the childcare enable a member of the family to work, seek employment or further their education? Yes No
If yes, which of the three options above: _____ and Name of household member: _____

Receipts must be provided, if you have a daycare voucher you must submit a voucher copy and receipts.

Minors Name	Childcare Provider Name and Address	Weekly amount paid (not reimbursed)	# of weekly hours

Do you pay a care attendant to provide care for a disabled family member s that you or a household member can work? Yes No
If yes, Name of household member: _____

Receipts must be provided.

Disabled Members Name	Expense	Providers name and address	weekly amount paid not reimbursed

Do you pay for any type of equipment for a disabled family member so that an adult member can work? Yes No
If yes, Name of household member; _____ what is the equipment and cost: _____

Part E Medical Expenses

Unreimbursed Medical expenses (Applicable only to families if the HOH, Co-Head and/or Spouse is elderly or disabled)

Does the family expect un-reimbursed medical expenses over the period covered by the recertification? Yes No
List Name of family members who expect un-reimbursed medical expenses:

Name of family member:
Name of family member:
Name of family member:
Name of family member:

Check type of unreimbursed medical expenses verification must be provided.

Type of expense	Check if applicable	Amount
Medical Insurance premiums including Medicare		
Doctor Visits		
Dentist Visits		
Vision Visits		
Eyeglasses or Contacts		
Therapy Physical or emotional		
Lab Fees, Xray, Blood work		
Prescription medicine		
Non-prescription medicine		
Medical apparatus (owned or rented)		
Other please describe		
Other please describe		



What is your portion of the rent: \$ _____

Are you current with you rent? [] Yes [] No

If you currently owe rent how much do you owe your landlord? \$ _____

Why are you currently in arrears? _____

Third Party verification of the above information will be completed, and the results will be electronically transmitted to the HUD data collection system. Please refer to the Federal Privacy act Statement for more information on its use.

I hereby certify that the above information on household composition, income, and assets is complete, true and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination of the Section 8 Housing Choice Voucher Program assistance and for punishment under State and Federal laws. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/ or imprisoned.

If there are any changes in income, expenses, and/or household composition prior to my re-examination effective date and which are different than what I reported on this reexamination. I understand that these changes will affect my rent determination.

Signature of Head of Household Date

Signature of Spouse Date

Signature of other adult member Date

Signature of other adult member Date

Signature of other adult member Date

Signature of other adult member Date

**MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155**



*ZERO TOLERANCE DRUG AND ALCOHOL ABUSE
PROGRAM"*

Drug and alcohol abuse affects the lives of millions of American. As part of the national effort to eliminate illegal drugs from our lives, the president has called for drug-free public and subsidized housing programs.

The Medford Housing Authority in cooperation with the President's Drug Task Force, the Department of Housing and Urban Development (HUD), and the Department of Housing and Community Development (DHCD) have developed a zero-tolerance program to make public and subsidized housing drug-free.

WARNING!

Persons evicted from public housing, Indian Housing, Section 8 or Section 23 programs because of drug related criminal activity are ineligible for admission to the Section 8 programs for a three-year period beginning on the date of such eviction.

The Medford Housing Authority must deny admission to Section 8 and public housing programs to any person who the Housing Authority determines is illegally using a controlled substance.

The Medford Housing Authority must deny admission to Section 8 and public housing to any person for whom the MHA determines there is reasonable cause to believe the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

The Medford Housing Authority will terminate Section 8 assistance or evict from public housing any person whom the MHA determines is illegally using a controlled substance.

If you, any member of your household or guests, violate the program you will lose your subsidy and/or subsidized apartment with the MHA. Any arrests of family members on your lease, or guests of your household, will subject you to termination of assistance or immediate eviction.

By signing this document, I agree to abide by the Medford Housing Authority's Zero Tolerance Drug and Alcohol Abuse Program

Signature of all members over 18 years of age

Date

1. _____
2. _____
3. _____
4. _____

**MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155**



OBLIGATIONS OF PARTICIPANT

- I understand the family must supply Medford Housing Authority any requested certifications release or other documentation necessary to determine eligibility.
- I understand the family must supply MHA any information requested by the housing authority for regular or interim reexaminations of complete household income and family composition.
- I understand the family must disclose and verify social security numbers, submission of citizenship or eligible immigration status, and must sign and submit consent forms.
- I understand the family must supply information that is true and complete.
- I understand the family is responsible for a breach of the housing quality standards caused by the family or guests.
- I understand the family must allow the housing authority to inspect the rental unit at reasonable times upon notice. I understand the unit must be inspected once a year.
- I understand the family must not commit any serious or repeated violation of the lease.
- I understand the family must notify MHA and the owner in writing before moving out of the unit or terminate the lease without notice to the owner.
- I understand the family must use the unit for the residence of the family and it must be the family's only residence.
- I understand the housing authority must approve the family composition. The family must inform the housing authority within 10 days of the birth, adoption, or court-awarded custody of a child. The family must request the housing authority's approval to add anyone as an occupant of the unit.
- I understand only if the housing authority has given approval, may a foster child or live-in aide reside in the unit.
- I understand the family may engage in legal profit-making activities in the unit but only if it is incidental to the primary use of the unit for residence by the family members.
- I understand the family must not sublease the unit and must not assign the lease or transfer the unit.
- I understand the family must supply information or certification requested by the housing authority to verify that the family is living in the unit or relating to family absence from the unit including any housing authority requested information or certification on the purposes of the family absences. I understand that no member of my family can be absent from the unit for longer than 90 days. I understand the family must cooperate with the housing authority for this purpose. I understand the family must promptly notify the housing authority of absence of the unit.
- I understand the family must not own or have any interest in the rental unit.
- I understand the family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the Sec 8 program.
- I understand the family members cannot receive Section 8 rental assistance while receiving another housing subsidy for the unit or for a different unit under any federal, state, or local housing programs.
- I understand the family is required to report within 10 days via an appointment and to the housing authority any changes in income, assets, childcare, allowances, and deductions. I understand the family may have a guest stay for no more than 30 consecutive days and 90 cumulative days in a 12-month period.
- I understand the family cannot engage in or threatened violent or abusive behavior toward PHA personnel. Abusive or violent behavior towards PHA personnel includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior. Threatening refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.
- I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under federal or state criminal law, and I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of the family's housing assistance and program participation.
- I understand family cannot breached the terms of a repayment agreement entered with the PHA.

Signature Of Head of Household Date

Other Adult Member Date

Other Adult Member Date

Other Adult Member Date



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:
Mailing Address:
Telephone No: Cell Phone No:
Name of Additional Contact Person or Organization:
Address:
Telephone No: Cell Phone No:
E-Mail Address (if applicable):
Relationship to Applicant:
Reason for Contact: (Check all that apply)
<input type="checkbox"/> Emergency <input type="checkbox"/> Assist with RecertificationProcess
<input type="checkbox"/> Unable to contact you <input type="checkbox"/> Change in leaseterms
<input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit <input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a current valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882) Project-Based
- Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVE.
MEDFORD, MA 02155

I hereby acknowledge that the PHA provided me with the

Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name



Authorization for the Release of Information/ Privacy Act Notice

to the U.S Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

PHA requesting release of information; (Cross out space if none) (Full address, name of contact person, and date) <p style="text-align: center;">MEDFORD HOUSING AUTHORITY 121 RIVERSIDE AVE. MEDFORD, MA 02155</p>	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
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Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

**MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155**



General Authorization for Release of Information

Name: _____

Address: _____

I, the above-named individual, hereby authorize Medford Housing Authority to verify the accuracy of the information that I have provided to MHA from the following sources:

- Sources of income including, but not limited to employment, unemployment benefits, pensions, veteran's benefits, alimony, child support, Social Security, SSDI, worker's compensation, TANF, EAEDC, etc.
- Childcare providers, Student status
- Statements of accounts from financial institutions including banks and credit unions.

I hereby give you my permission to release this information to MHA subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the requested information to MHA within 5 days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original. Thank you for your cooperation and assistance in this matter.

Signature Date

Please Print Clearly

This Consent form expires (15) months after signed.



EQUAL HOUSING OPPORTUNITY

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155



Fair Information Practice Act Statement of Rights

The MEDFORD HOUSING AUTHORITY collects information about applicants and tenants for its housing programs as required by law to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is criminal offense punishable by fine and/or imprisonment.

As an applicant or tenant, you have the following rights regarding the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Executive Office of Communities and Development.

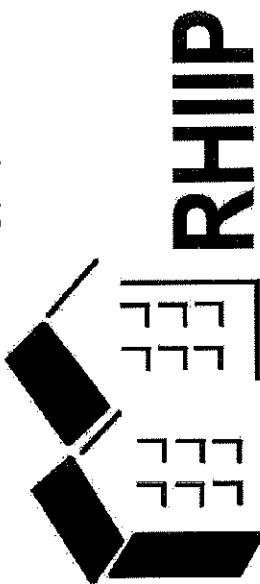
I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature

Date



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application. The information in EIV is also used by HUD,

HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home **prior** to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, **ask your PHA**. When changes occur in your household income, **contact your PHA immediately** to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV

information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute **and** request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute **and** request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion

and submission to the PHA. You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at:

<http://www.hud.gov/offices/pih/programs/pih/rhiip/uiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Section 3 Assessment Form

Name: _____

Address _____

Phone Number _____ E-mail Address _____

Please place an "X" here _____ if you are NOT interested in participating in the Medford Housing Authority Section 3 Work and Job Training Program. There is no requirement for the Head of Household or any member of a household to participate in the Section 3 Program. If you have no interest in participating in the Section 3 Program, do not provide information below however, please return this assessment form. If you are interested in the program, please continue providing the information below.

Experience: Paint Carpentry Concrete Floors Cleaning Landscaping Electrical Plumbing

Yes (Please mark an "X" if applicable)									
No (Please mark an "X" if applicable)									
Enter the number of years of experience for the trades you have checked									

if "yes" marked in categories above, please indicate with an "X" below to show the specifics of your work for each category. For example, if you have experience in Painting, insert an "X" in any category listed below "Paint." to clarify specific experience. For Carpentry, mark an "X" in any category listed below "Carpentry" that indicate areas of specific experience.

Interior									
Exterior									
Offices									
Home									
Industrial									
Used equipment									

Hardwood									
VCT									
Single Sheet									
Ceramic Tile									
Other									
Used equipment									

Racking									
Trimming Shrubs									
Cutting Grass									
Other									
Used equipment									

Experience: Plastering Siding Windows Other Comments:

Yes (Please mark an "X" if applicable)				
No (Please mark an "X" if applicable)				
Enter the number of years of experience for the trades you have checked				

If "yes" in categories above, please mark with an "X" below to show specifics of work for each category

Interior				
Exterior				
Offices				
Home				

If yes to the trades above or if business/office experience, please fill in beneath where appropriate – or – attach a Resume

List Company Name:	Dates of Employment	Position Held	Please fill in your experience of computer programs below

Education: Level:

High School: Yes _____ No _____ Number of years completed _____
 GED Yes _____ No _____
 College Degree: AA _____ MA _____ Other _____
 Other Education/Certification Yes _____ No _____ Type _____

Are you able to work a full-time (35 to 40 Hours per week) Yes _____ No _____
 Should we contact you for work on jobs that require your experience: Yes _____ No _____
 Do you interested in computer training or an opportunity to train in a trade? Yes _____ No _____
 Would you be willing to learn a trade through a volunteer program? Yes _____ No _____
 Please indicate your interest in job training Yes _____ No _____

Please feel free to attach additional information to this form to indicate your interest in job training opportunities or attach a resume.

Signature: _____ Date: _____

